

Permission for Emergency Treatment (Must be Notarized)

You have my permission to proceed with any treatment necessary to care for my child in case of illness or injury while attending Carle Auditory Oral School.

Signature of Parent/Guardian

Date

In the state of _____, and the county of _____, on this _____ day of _____, 20____, before me personally appeared _____, known to be the person described in and who executed the foregoing instrument, and acknowledged that he/she executed that same as his/her free deed and act.

In testimony whereof, I hereunto subscribe my name and affix my official seal at my office in _____, the day and year first above written.

My commission expires: _____

Signature of Notary Public

The information contained on this sheet is correct to the best of my/our knowledge and I/we agree to update the information on a regular basis.

Sponsor 1 signature

Sponsor 2 signature

Date Signed

Date Signed